

**Florida Department of Health – Indian River County  
Measure 5.2.2 – Community Health Improvement Plan**

Measure 5.2 – The Health Department encourages and participates in community collaborative implementation of the community health improvement plan and participates in its revision as community public health priorities are addressed and revised.

- Required Documentation 5.2.2 – Provide the most recent version of the community health improvement plan, dated within 5 years.

**Plan:** Indian River County Community Health Improvement Plan 2016 – 2020

**Description of Evidence:**

(Narrative description of the Community Health Improvement Plan [attached]. Highlight relevant sections that address each of the following elements.)

- a) Page 18-35 - Community priorities for action
- b) Page 18-35, 37-45 - Desired measurable outcomes or indicators
- c) Considerations of the following:
  - a. Page 12, 16, 37-45 - Social determinants of health
  - b. Page 8-18 - Causes of higher health risks and poorer health outcomes
  - c. Page 19, 34 - Health inequities
- d) Page 18-35 - Plans for policy and system level changes for the alleviation of identified causes of health inequity
- e) Page 37-45 - Designation of individuals and organizations that have accepted responsibility for implementing strategies

**Indian River County  
Community Health Improvement Plan  
Jan 2016 – Dec 2020  
Version 1.3**

Reviewed December 13, 2019



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# Indian River County Community Health Improvement Plan Jan 2016 – Dec 2020 Version 1.3



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## Executive Summary

The Indian River County Community Health Improvement Plan (CHIP) is the product of continuous improvement through diverse partner engagement. The broad spectrum of stakeholders dedicated time, energy and resources to creating an actionable five-year plan for Indian River County with the hope of improving the quality of life of residents in Indian River County.

The CHIP was developed in context of the vision, mission and values set forth by the Florida Department of Health in Indian River County (DOH-Indian River). This community-driven plan is the result of ongoing input and participation of countless individuals, agencies and organizations.

The Indian River County Community Health Advisory Council began meeting in March 2016 to develop the CHIP. The focus of the meetings was to identify the health need priorities of the residents of Indian River County and to outline a plan of action to improve health outcomes over the next five years.

The Advisory Council also integrated Health Literacy as a component of each of the four health priorities. To appropriately align goals, objectives and strategies with the health priorities of the county, the Advisory Council determined to identify the root causes of each priority. Factors contributing to the health priorities are reflected in the Indian River County CHIP. Successively, members of the Advisory Council formulated goals and objectives, as well as outlined strategies and action steps for each health priority.

The CHIP development process was facilitated by the Health Council of Southeast Florida (HCSEF) in conjunction with the DOH-Indian River. The process included assessing the health needs of the community, prioritizing health needs and devising an improvement plan through strategic planning. The identified health priorities outlined in this plan are based on the review of quantitative data and qualitative data from various key stakeholders and community members. The top health priorities identified during this process are:

- Healthy Weight
- Environmental Health
- Mental Health
- Infant Mortality

## Acknowledgments

The 2016 – 2020 Indian River Community Health Improvement Plan is a product of partnership and participation among a broad spectrum in the public health system that came together to improve the quality of lives of individuals residing in Indian River County. Stakeholders, along with community members, came together to improve services in Indian River County. The participation and dedication of these individuals, as advocates for their agencies and the populations they serve, brought tremendous value to the community health improvement planning process.

Florida Department of Health in Indian River and the Health Council of Southeast Florida wish to extend our appreciation to all the organizations who committed to improving access to health care on behalf of the residents of Indian River County. Their insight was essential to identifying health need priorities and developing an improvement plan focused on creating a healthier Indian River County. Special recognition is due to the following entities that served on the Advisory Council and/or played a valuable role in community health improvement planning process:

- 211 Palm Beach/Treasure Coast
- Audubon Society (Pelican Island)
- Boys and Girls Clubs of Indian River County
- City of Fellsmere
- City of Sebastian
- City of Vero Beach
- City of Vero Beach Recreation Department
- Consumer - Registered Dietitian
- Early Learning Coalition of Indian River County
- Economic Opportunities Council of Indian River County, Inc.
- Environmental Learning Center
- Fellsmere Community Center
- Fellsmere Community Prayer and Worship Center
- Fellsmere Enrichment Center
- Florida Department of Health - Indian River County
- Gifford Youth Achievement Center
- Homeless Family Center
- Indian River County Board of County Commissioners
- Indian River County Community Development Department
- Indian River County Emergency Services
- Indian River County Fire Rescue
- Indian River County Healthy Start Coalition, Inc.
- Indian River County Hospital District
- Indian River County Medical Society
- Indian River County Ministerial Association
- Indian River County National Association for the Advancement of Colored People (NAACP)
- Indian River County Sheriff's Office
- Indian River Impact 100
- Indian River Medical Center
- Indian River Neighborhood Association
- John's Island Foundation
- Kindergarten Readiness Collaborative
- Mental Health Association in Indian River County, Inc.
- Pastor's Association of Indian River County
- Progressive Civic League of Gifford, Florida, Inc.
- Riverside Church
- Rotary Club of Vero Beach Oceanside
- School District of Indian River County
- Sebastian Police Department
- Sebastian River Area Chamber of Commerce
- Sebastian River Medical Center
- Senior Resource Association
- St. Mark's Anglican Church
- Substance Awareness Center of Indian River County
- The Mental Health Collaborative of Indian River County
- The Source
- Treasure Coast Community Health
- Treasure Coast Food Bank
- Treasure Coast Homeless Services Council, Inc.
- United Way of Indian River County
- Visiting Nurse Association of the Treasure Coast
- Whole Family Health Center
- Youth Guidance

## Introduction

In July 2015, the Florida Department of Health in Indian River County engaged the Health Council of Southeast Florida to facilitate the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) process in Indian River County. The CHNA assessed the health needs of Indian River County through the collection, compilation and review of quantitative and qualitative data. The results of this assessment were used to aid in the identification of health needs priorities in Indian River County by a diverse group of stakeholders forming the Advisory Council.

The CHNA was also used in the development of the CHIP, a strategic and actionable plan for improving health outcomes in Indian River County from 2016 to 2020. The CHIP is a set of goals, objectives, strategies and activities set forth by the Advisory Council to help guide planning efforts for health policymakers, stakeholders and health care providers in Indian River County.

## Timeline

July 2015	Florida Department of Health in Indian River County (DOH-Indian River) engaged the Health Council of Southeast Florida (HCSEF) to facilitate the Collaborative Community Health Needs Assessment (CHNA) process
September 2015	First meeting of the CHNA Advisory Council, overview of the CHNA and Community Health Improvement Plan (CHIP) and review of Part I of quantitative data
September 2015	Second meeting of the CHA Advisory Council, review of Part II of the quantitative data
October 2015	Third meeting of the CHA Advisory Council, review of Part III of the quantitative data
November 2015	Fourth meeting of the CHA Advisory Council, review of the qualitative data
December 2015	Fifth meeting of the CHA Advisory Council, data recap and identification of strategic health issues
December 2015	Finalized CHA
February 2016	DOH-Indian River engaged the HCSEF to facilitate the CHIP process
March 2016	First meeting of the CHIP Advisory Council, overview of the CHA and health needs prioritization
March 2016	Second meeting of the CHIP Advisory Council, root cause analysis of health needs priorities
April 2016	Third meeting of the CHIP Advisory Council, formulating goals and objectives
May-October 2016	Fourth meeting of the CHIP Advisory Council, developing strategies and action steps
November 2016	Finalized CHIP
2016-2020	CHIP Implementation

# Indian River County Snapshot

## Demographic and Socioeconomic Profile

- The 2013 population in Indian River County was 141,994, 0.73% of Florida's population, and has been steadily increasing since 2009.
- Nearly a third (29.4%) of the residents in the county are 65 years or older, which is more than the rate of Florida, which is 18.6%.
- Over a fifth (20.6%) of individuals in Indian River County are under 19 years of age.
- In 2013, 85.4% of the population identified as White and 9.6% identified as Black or African American. Additionally, 11.7% of the residents in Indian River County identified as Hispanic.
- In 2013, 13.4% of Indian River County residents lived below the poverty level, which is under \$24,250 for a family of four.
- In 2013, 32.4% of residents who identified as Black or African American lived below the poverty line, higher than any other racial or ethnic group by at least 10%, which represents a racial disparity.
- Geographically, Fellsmere (32948) and Vero Beach (32960 and 32967) had over 20% of residents living below the federal poverty line.
- In Indian River County, 10.1% of the labor force was unemployed, higher than the state at 9.7%; however, percent unemployment has been decreasing steadily since 2010.
- In the 2013-2014 school year, the high school graduation rate in Indian River County was 79.1%, higher than that of Florida (76.1%); however, the rate has been decreasing since the 2011-2012 school year.

## Health Status Profile

- In 2014, there were 1,282 live births in Indian River County, a rate of 9.0 per 1,000, lower than that of the state.
- In 2014, the infant death rate was 4.7 per 1,000 live births for the county, significantly lower than in previous years and in comparison, to the state at 6.0 per 1,000 live births. The 'Black and Other' infant mortality 3-year rate from 2012-2014 is nearly ten times as high at 25.0 per 1,000 live births when compared to the 'White' infant mortality (2.6 per 1,000). The fetal death rate was 7.7 per 1,000, slightly higher than Florida's (7.1 per 1,000), and increasing since 2011.
- In 2014, 31.8% of high school students reported having used alcohol within the past 30 days (compared to Florida's 28.4%). In 2014, 14.9% of high school students reported binge drinking, higher than the state's rate (13.7%), but a decrease from 2010 (20.6%).
- There has been an increasing trend in Inpatient Discharges from 2012-2014 related to episodic mood disorders with some of the highest numbers of inpatient discharges being in the 10-14 and 15-19 age groups.
- In 2014 there were 26 deaths by suicide by county residents, an age-adjusted rate of 14.9 per 100,000 residents, which was slightly higher than the state's and higher than the Healthy People 2020 target of 10.2 per 100,000.
- The rate of hospitalizations from coronary heart disease was higher in Indian River County (353.5 per 100,000) than the state (338.0 per 100,000).
- The rate of hospitalizations from diabetes has been increasing since 2009 from 1433.4 per 100,000 to 1735.3 per 100,000 in 2012.

- The rate of obesity among adults in Indian River County is 26.1%, lower than the state's rate of 26.4% in 2013. Additionally, over 3 out of 5 adults reported being either overweight or obese in Indian River County (60.2%).
- From 2008 to 2012, the rate of students at or above the 95<sup>th</sup> percentile in BMI in the county increased from 8.3% to 11.2% for middle school students and from 11.4% to 14.2% for high school students.
- In 2014, there were 2,033 deaths in Indian River County, a rate of 694.6 per 100,000. Over 83% of deaths were those attributed to individuals over the age of 65. The most frequent cause of deaths was cancer, accounting for 25.1% of deaths, followed by heart disease, responsible for 22.3% of deaths.
- There were 107 deaths due to unintentional injury in Indian River County, an age-adjusted death rate of 54.8 per 100,000, significantly higher than that of the state (41.1 per 100,000).
- The death rate due to falls in Indian River County was higher at 16.2 per 100,000 than that of Florida (9.7 per 100,000) and has been increasing since 2011. The highest rate of deaths due to falls can be seen in the 80+ age group, which had a rate of 204.4 deaths per 100,000 residents for 2012- 2014.

## Health Resources Availability and Access Profile

- There are 6 nursing homes in Indian River County with a total of 665 licensed nursing home beds.
- There are 3 licensed hospitals in the county, two in Vero Beach and one in Sebastian, with a total of 566 licensed beds.
- In Indian River County, there are 21 assisted living facilities with a total of 965 beds, 19 home health agencies and 2 adult day care centers.
- There are two health department sites in the county, one in Vero Beach and one in Gifford.
- There are 4 Federally Qualified Health Centers (2 in Vero Beach and 2 in Fellsmere) and one administrative site in Indian River County, all part of Treasure Coast Community Health, Inc.
- Indian River County has one Medically Underserved Population – Low Income.
- In 2014, there were 23,652 uninsured individuals in the county, accounting for 16.5% of the population, which was slightly lower than the state (16.6%). In 2014, 31.1% of residents identifying as Black or African American were uninsured, which was more than twice as high as any other racial group and an increase from 2013.

## Community Perspective

Community perspective was gathered during the Community Health Needs Assessment process, providing in-depth understanding of the issues residents and stakeholders felt were important, including how quality of life and health issues are perceived in the community.

### **Key Health Issues:**

- Dental/oral health
- Diabetes
- Mental health
- Substance abuse
- Obesity
- Poor nutrition/diet
- Hypertension

- Aging population
- Accessibility and affordability of health care coverage
- Availability, accessibility and affordability of health care services

**Opportunities to Note:**

- Provide accessible and affordable health care and health care coverage
- Provide health education
- Increasing the awareness of access to resources in the community
- Provide additional funding and resources
- Increase the number and frequency of bus routes
- Develop walk-in clinics with extended hours
- Use collaborative and strategic thinking to fill gaps
- Partner with the local community-based organizations and agencies

**Barriers to Care:**

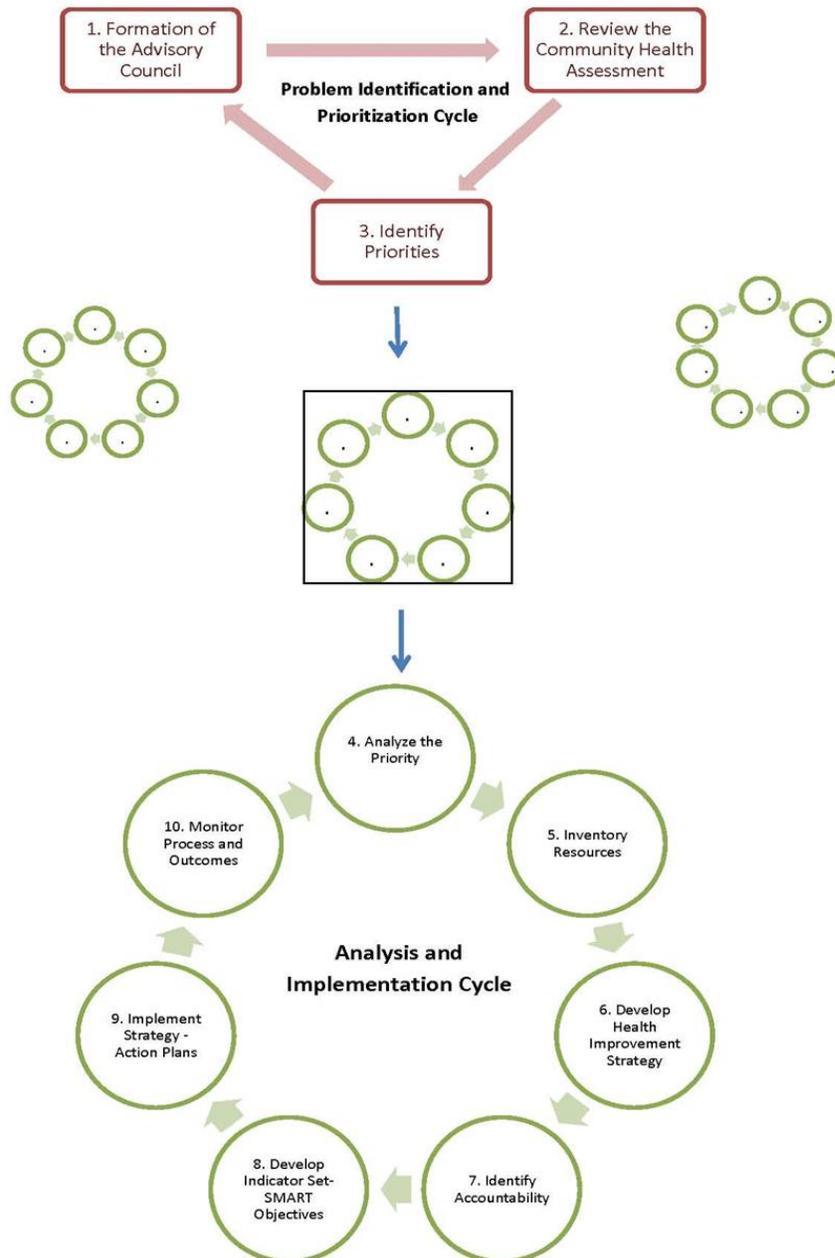
- Limited number of providers
- High cost of health care coverage and health services, including medications
- Long wait-times and waiting periods for services
- Transportation
- Lack of awareness of and access to resources in the community to maintain a healthy lifestyle
- Lack of knowledge and health education, especially prevention
- Disparities based on social and economic factors

**Community Strengths/Assets:**

- Hospitals, health department, community clinics
- Parks, walking trails, playgrounds, beaches
- Transportation
- Resources for the elderly population
- Food pantries/soup kitchens
- Local churches
- Social service programs
- Community-based organizations
- Strong sense of community

## Approach

### Indian River County Community Health Needs Assessment and Community Health Improvement Plan Framework



*Adapted from Institute of Medicine's Community Health Improvement Process*

## Community Health Needs Assessment

In fall of 2015, a Community Health Needs Assessment (CHA) was conducted in Indian River County, Florida with the intent of assessing the health needs of the community, as well as aiding in the development of a community-driven health improvement plan. The Health Council of Southeast Florida (HCSEF), defined in Florida State Statute (408.033) as the local health planning council serving this region of the state, was engaged by the Florida Department of Health in Indian River County (DOH-Indian River) to facilitate the CHNA process.

Data was collected, compiled and analyzed for the CHNA to enable and guide health care providers, local health department officials, health service and program planners and community leaders to identify the strategic health issues within Indian River County, gaps in services and opportunities for improvement. The information was used to develop and implement the Community Health Improvement Plan (CHIP), which focuses on developing partnerships to strengthen Indian River County's infrastructure and public health system.

The implementation of the CHIP aims to improve health outcomes by identifying and utilizing community resources efficiently and forming collaborative partnership for strategic action, while accounting for the community's needs and resources. This CHIP identifies the goals, objectives, strategies, actions and performance measures for each of the selected health needs priorities:

- Environmental Health
- Mental Health
- Obesity
- Infant Mortality

The CHIP implements evidence-based strategies that align with the community's strategic health issues identified in the CHNA. Social determinants of health as well as health inequities specific to the county were considered during the CHIP formulation, implementation, and prioritization process. Data regarding such inequities was analyzed and incorporated into the CHIP priorities. The purpose of the CHIP is not only to focus attention and resources on the four health priority areas selected, but to monitor and evaluate progress towards these priorities in a continuous improvement plan. It is a detailed, executable plan that is the product of collective brainstorming, discussion and review by dedicated community partners.

## Continued Improvement through Partnership

Participation from a broad spectrum of community stakeholders is essential in identifying effective strategies to address complex and multi-faceted community health issues and developing a comprehensive, community-driven improvement plan. Continuous and diverse community engagement improves results by garnering a shared commitment to improve health outcomes, developing a continuous stream of open communication, and creating a shared measurement and evaluation process to ensure efficient implementation and progress.

Community health improvement efforts are grounded in collaboration, partnership and cooperation to help achieve common priorities and goals through aligned objectives and strategies. Multi-sector community ownership is an essential component of both assessing a community's needs and developing a community health improvement plan.

The following sectors were represented during this health improvement planning process: health care, education, public health, mental health and substance abuse, law enforcement, emergency services, parks and recreation, environmental health, business and industry, volunteer and non-profit organizations, community-based organizations and organizations known for serving underserved and vulnerable populations. Their continued involvement in the community is an invaluable component of the community health improvement plan.

## Methodology

From March 2016 to May 2016, the Indian River County Community Health Improvement Plan Advisory Council, composed of a broad spectrum of community stakeholders, intervened to discuss and prioritize the strategic health issues in Indian River County. The Advisory Council reviewed the Community Health Needs Assessment to identify the top health needs priorities in Indian River County. The Health Council of Southeast Florida (HCSEF) facilitated a rigorous, multi-voting activity with the Advisory Council to identify the top four health needs priorities that will be addressed in the 2016–2020 Community Health Improvement Plan (CHIP).

The CHIP set forth in this document aligns not only with the mission and vision of the Florida Department of Health in Indian River County, but also with the Florida State Health Improvement Plan (SHIP). Furthermore, the process took into consideration the opinions and insights of community members. The Plan focuses on the top four health priorities that were selected by the Advisory Council during a community-driven process. There were other strategic health issues that emerged as well, and though they are not addressed herein, they are nonetheless important and are being integrated into future health planning activities in the community. Planning processes underway by the Indian River Hospital District and Indian River Medical Center include strategic health issues that were among those identified during this community health assessment and planning process.

The four health needs priorities selected were as follows:

Environmental Health, Mental Health, Obesity, Infant Mortality

Health Literacy was also chosen as an essential tenet of health needs in the community, and Advisory Council members agreed that Health Literacy should be interwoven into each priority during CHIP development and implementation. HCSEF led Advisory Council members through a Root Cause Analysis to identify the “root causes” and contributing factors of each priority. Advisory Council members were questioned with the “Why?” technique to identify root causes, which aided in the development of goals, objectives and strategies that align with each priority.

Upon review of the results of the Root Cause Analyses, content experts from the Environmental Health and Mental Health sectors were chosen to present additional information to Advisory Council members. Content experts provided additional insight on the Environmental Health and Mental Health issues specific to Indian River County and identified gaps in services as well as barriers to addressing the issues discussed at previous Advisory Council meetings.

Additionally, Advisory Council members discussed current activities and resources in the community related to the selected health needs priorities. Using strategic planning methods, members of the Advisory Council divided into priority-specific workgroups to formulate goals and objectives. In subsequent meetings, the members discussed strategies and approaches, and ultimately established performance measures that could be employed to achieve the goals and objectives set forth within each priority area.

The strategies and activities outlined in this CHIP attempt to:

- Address the underlying causes of the identified health priorities
- Utilize data to identify priorities and to measure the impact of interventions
- Detail measurable objectives to evaluate progress

- Implement evidence-supported models for community health improvement
- Outline approaches that are relevant and realistic in the community, given the available time and resources
- Devise an action plan with a broad-reaching, community-wide impact
- Engage a broad range of community stakeholders
- Support ongoing efforts in the community
- Focus on improving health factors and health outcomes in the community

Descriptions of evidence-based programs and best practices related to the selected priorities are provided. An important element to any process is continued evaluation, which allows for monitoring of progression toward outcome goals and allows for adjustments to be made, if necessary. Evaluation throughout implementation of the CHIP will guide future planning activities in the community.

# Community Health Improvement Plan

## Overview

### **Healthy Weight**

Goal 1: Ensure Indian River County residents strive and sustain a healthy weight through a holistic approach.

- Objective: Reduce the percent of overweight and obese individuals by 2% by December 31, 2020 (baseline data at 60.2% from 2013).
- Objective: Conduct an audit to assess the walkability of Indian River County by December 30, 2019 (baseline data at 0 from 2017).

### **Environmental Health**

Goal 1: Improve the quality of the natural environment in Indian River County.

- Objective: Reduce nitrogen input into groundwater and the Indian River Lagoon by 15% by January 30, 2020 (baseline data at 4,025 high-risk septic systems from 2017 and 0 stormwater treatment projects from 2016).

Goal 2: Improve the quality of the built environment in Indian River County.

- Objective: By January 30, 2020, assess Indian River County pedestrian and bicycle infrastructure and increase connectivity between community resource centers, including green spaces (e.g. schools, churches, grocery stores and farmer's markets, employment area hubs, medical centers, libraries, parks and community gardens, social service agencies, and cultural centers) by 20% (baseline data at 0 surveys from 2017).

### **Mental Health**

Goal 1: Improve access to mental health care in Indian River County.

- Objective: By September 30, 2019, establish the Mental Health Collaborative's Connections Center, which provides a centralized point of access, referral and care coordination for mental health and substance abuse services while also addressing the related social determinants of health (baseline data at 0 clients served at the Connections Center and 0 reviews/assessments from 2016).
- Objective: Increase the number of mental health professionals practicing in the county by 10% by December 31, 2020 (baseline data at 126 from 2015).

Goal 2: Enable messaging in the county that nurtures an individual, including children.

- Objective: Increase the number of education sessions for parents and guardians to promote mental health services awareness in the community by December 31, 2020 (baseline data at 0 sessions from 2016).
- Objective: Increase mental health screenings for children within the community by December 31, 2020 (baseline data at 0 schools from 2016).
- Objective: Establish a pilot mentoring program within the county by December 31, 2020 (baseline data at 0 programs from 2016).

### **Infant Mortality**

Goal 1: Improve access to prenatal care.

- Objective: Increase the number/rate of mothers who enter early into prenatal care within the first trimester from 69.8% to over 79.5% by December 31, 2019 (baseline data at 70.9% from 2016).

Goal 2: Reduce disparities in infant mortality.

- Objective: Reduce the infant mortality rate from 7.2 to 6.0 per 1,000 live births by December 31, 2019 (baseline data at 7.2 deaths per 1,000 live births from 2015)
- Objective: By December 31, 2020 reduce the rate of pre-term births (baseline data at 8.3% from 2015).

Goal 3: Increase preconception health behaviors among reproductive age people.

- Objective: Establish a system of information sharing among primary care and obstetrical providers to promote continuity of care by September 20, 2019 (baseline data at 0 systems from 2017).
- Objective: By December 31, 2020 decrease the rate of obesity among pregnant mothers at time pregnancy occurred (baseline data at 29.5% from 2015). ().
- By December 31, 2020 decrease the rate of smoking among women of childbearing age (baseline data at 7.8% from 2015).

# Priority 1: Healthy Weight

## *Why is it a Priority?*

During the past two decades, our nation has experienced a significant increase in the percentage of overweight and obese children and adults. From 2008 to 2012, the rate of students at or above the 95<sup>th</sup> percentile in body mass index (BMI) in the county increased from 8.3% to 11.2% for middle school students and from 11.4% to 14.2% for high school students. Furthermore, over 3 out of 5 adults reported being either overweight or obese in Indian River County. These alarming rates are of significant concern in the Indian River community, particularly due to the projections that the trend of overweight and obesity will continue to increase.

Being overweight and obese has serious health consequences including: coronary heart disease, Type 2 diabetes, certain cancers, hypertension, stroke, liver and gallbladder disease, and sleep apnea. There are also economic consequences associated with being overweight and obese. In addition to the costs related to the prevention, diagnosis and treatment of many of the associated comorbidities and conditions, there are indirect costs from decreased productivity and missed work and school, as well as costs associated with loss of future income due to premature death. There are several factors involved in being overweight and obese, which makes it a difficult issue to address. Health behaviors, such as exercise and diet, genes, the environment, certain medical conditions and medications can all play a part in causing individuals to become overweight and/or obese.

Obesity has been identified as a health issue across the nation and in the state of Florida. The State Health Improvement Plan (SHIP) outlines a set of goals, objectives and strategies dedicated to increasing the number of healthy children and adults in Florida. The SHIP includes strategies to increase the availability, accessibility and affordability of healthy foods, which are complemented by the strategies that will be used in Indian River County to reduce the number of overweight and obese children and adults. Initiatives and evidence-based programs such as employee-wellness programs and school-targeted interventions are strategies outlined in this CHIP under guidance of the SHIP.

# Healthy Weight Action Plan

 KEY ACTIVITIES: 5210 LET'S GO, HEALTH EDUCATION AND AWARENESS

 COMMUNITY RESOURCES: LOCAL PHYSICIANS, SCHOOL DISTRICT, HEALTH CENTERS, NONPROFITS AND PRIVATE BUSINESSES

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## GOAL 1.A: ENSURE INDIAN RIVER COUNTY RESIDENTS STRIVE AND SUSTAIN A HEALTHY WEIGHT THROUGH A HOLISTIC APPROACH.

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OBJECTIVE 1.A.1: Reduce the percentage of overweight and obese individuals by 2% by December 31, 2020 (baseline data at 60.2% from 2013).

 *Measure:* Data from County Health Snapshot and Florida Charts

 1% decrease in overweight and obese rate by January 1, 2018

### Strategies:

- Establish programs and resources to address health equity in the under resourced population of the county
  - Key Action Steps:
    - Develop SNAP-Education programming and work toward five PSE changes (Policy, System, Environment) by September 30, 2020.
    - The social determinants of health and equity will be defined for the county with a fact sheet and data profile.
- Develop online and traditional educational resources to share information and expose residents to community resources that will promote healthier choices
  - Key Action Steps:
    - Collaborate with county planning and recreation departments to produce an online resource detailing local recreational events and facilities.
    - Develop culturally appropriate and bilingual, low-literacy educational materials for county residents about healthy eating and physical activity
    - Utilize existing 5210 website and Facebook page to share information about healthy living in the form of blogs, newsletters and videos
    - Conduct research through surveys and focus groups to better understand the barriers preventing county residents from making consistent healthy choices
- Implement a Healthy Champions Initiative
  - Key Action Steps:
    - Use diverse healthy champions such as school principals, government officials and professionals to reach subpopulations in the community
    - Promote accountability support groups (e.g., Facebook groups and competitions) in the community and for worksite wellness programs as a motivational tool

 Key Activities

 Community Resource

 Measure

 Benchmark

 Healthy People 2020

 State Health Improvement Plan

 Environmental Public Health Performance Standard

- Conduct focus groups with Fellsmere residents modeled after formative marketing research strategies; use food frequency surveys to gauge eating habits and barriers to healthy behaviors
  - Host regular cooking classes featuring professional local chefs that teach families and children the basics of cooking and meal preparation, record cooking demonstrations for use on the 5210 Facebook page, share recipes online and answer inquiries from the general public
- Promote Workplace Wellness programs
  - Key Action Steps:
    - Inventory local models (such as Visiting Nurses Association model) and the DOH Healthiest Weight employee wellness action plan
    - Share inventory information with community
    - Encourage local businesses to adopt wellness programs
    - Promote model and or evidence based programs such as WeightWatchers, yoga, meditation, cancer survivor walks/programs
    - Create recognitions/competitions (i.e. Healthy Champion Business) to increase awareness of workplace wellness
    - Encourage local employers to use the CDC Worksite Wellness Scorecard
- Implement HealthierUS School Challenge: Smarter Lunchrooms (HUSSC: SL) in all school cafeterias
  - Key Action Steps:
    - Encourage Healthy Choices
    - Encourage community buy-in with administration
    - Conduct an audit using an external nutritionist of the food and nutrition services provided by schools
    - Encourage all elementary schools to apply for the HUSSC: SL recognition
- Partner with local faith-based organizations to promote culturally appropriate obesity prevention programs and best practices.
  - Key Action Steps:
    - Support the Wabasso Church of God and Alan Chapel in their wellness initiatives
    - Customize the 5210 Action Plan tool for faith-based organizations
    - Use guidelines, best practices and tools from *Empowering Pathways: A Reference Guidebook for Establishing a Congregational Health and Wellness Ministry*, by Barbara Smith Harrison
- Partner with the Environmental Learning Center to promote the “2” message in 5210 Let’s Go! (reducing screen time to 2 hours of less per day among youth)
  - Key Action Steps:
    - Participate in planning a viewing of the documentary *Screenagers* at the Environmental learning center. Send a representative of DOH to participate in the post-viewing discussion panel.
- Make 5210 Let’s Go! sustainable in elementary schools that have already implemented the program



- Key Action Steps:
  - Convert the school assessment questionnaire from the 5210 Action Plan into a SurveyMonkey format to be easily shared and completed among the entire school community. Encourage all members of the school community – faculty, staff and administration – to complete the survey on an annual basis.
  - Encourage schools to organize wellness committees that meet on a regular basis, per the District Wellness Policy guidelines.

OBJECTIVE 1.A.2: Conduct an audit to assess the walkability of Indian River County by December 31, 2019 (baseline data at 0 from 2017).

 *Measure: # of survey responses successfully completed by 2019*

 *Completion of survey/ audit performed by June 30, 2018*

Strategies:

- Create an interactive “Healthy Maps” tool, which includes pathways, trails beaches
  - Key Action Steps:
    - Acquire GIS data
    - Work with Indian River County, Chamber of Commerce, and stakeholders to determine capability and level of interactiveness
    - Promote use of mobile applications (e.g., All Trails) to inform county residents about local resources for walking/hiking
    - Use Survey Monkey assessment to ascertain why people are not walking/taking advantage of nearby walking opportunities (lack of lighting/sidewalks, unsafe neighborhoods, etc.)

### ***Evidence-Supported Initiatives***

#### **Let’s Go!**

“Let’s Go!” is a nationally recognized childhood obesity prevention program based in Maine, which focuses on creating healthy places to help children and families eat healthy and be active. “Let’s Go!” works in six different settings to reach families where they live, study, work and play to reinforce the importance of healthy living. The 5-2-1-0 message (5 or more fruits and vegetables, 2 hours or less of recreational screen time, 1 hour or more of physical activity and 0 sugary drinks, more water and low-fat milk) is used across the settings to remind families of these recommendations for healthy eating and active living.<sup>1</sup>

#### **Let’s Move!**

Let’s Move! is a comprehensive initiative, dedicated to solving the problem of childhood obesity. Let’s Move! is focused on putting children on the path to a healthy future during their earliest months and years; giving parents helpful information and fostering environments that support healthy choices; providing healthier foods in our schools; ensuring that every family has access to healthy, affordable food; and, helping children become more physically active. This initiative is led

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<sup>1</sup> www.lets-go.org

by the White House's Task Force on Childhood Obesity and focuses on the five pillars of the Let's Move! initiative:

1. Creating a healthy start for children
2. Empowering parents and caregivers
3. Providing healthy food in schools
4. Improving access to healthy, affordable foods
5. Increasing physical activity

### **Team Nutrition and HealthierUS School Challenge: Smarter Lunchrooms**

The Division of Food, Nutrition and Wellness encourages and supports schools and school districts that utilize two United States Department of Agriculture (USDA) initiatives described below.

#### **Team Nutrition:**

Team Nutrition is an initiative developed by the USDA's Food and Nutrition Service for federal Child Nutrition Programs. Schools involved in the initiative are required to:

- Demonstrate a commitment to help students meet the Dietary Guidelines for Americans,
- Provide nutrition education for children and parents, and
- Build school and community support around a healthy school environment.

Schools may join Team Nutrition at no cost. Participation provides schools with emails containing nutrition information, a free resource kit, and technical assistance with school team efforts. For more information, please visit [USDA's website](#).

#### **HealthierUS School Challenge: Smarter Lunchrooms (HUSCC: SL)**

Go for the gold with the HealthierUS School Challenge: Smarter Lunchrooms Award. Schools are eligible to apply for this award established to recognize schools that are creating healthier school environments through their promotion of good nutrition and physical activity. We would like to see every school receive a HUSCC: SL award.

- [HUSCC: SL Florida Award Winners](#)
- [USDA Revised HUSCC: SL Criteria and Guidance - Effective August 31, 2014](#) - Includes:
  - Online Application
  - Application Criteria and Guidance
  - Smart Snacks Summary of Standards
  - Smarter Lunchroom Self-Assessment Scorecard
  - Farm to School and HUSCC: SL

## Priority 2: Environmental Health

### *Why is it a Priority?*

Establishing and maintaining a healthy environment is central to increasing quality of life and years of healthy life. Environmental factors are diverse and far reaching. Without proper assessment, correction and prevention, environmental factors may adversely affect the health of present and future generations.

There are two subsections of environment that the Indian River County Advisory Committee focused on: the natural environment and the built, or man-made, environment. The natural environment includes air, water and soils, as well as the physical, chemical, biological and social features of our surroundings. The built, or man-made, environment refers to physical structures where people live and work such as homes, offices, schools, factories and farms, as well as community systems such as roads and transportation systems, land use practices and waste management.

Indian River County lacks a large-scale bicycle and pedestrian infrastructure. The shortage of sidewalks and trails, as well as safety issues, were of concern to the group. Additionally, the Indian River County Advisory Committee elected to address nitrogen pollution of the Indian River Lagoon and groundwater. Environmental Health was a component of the previous Indian River County 2012 CHIP and continues to be an essential part of the county's improvement plan, as well as the State Health Improvement Plan (SHIP). Under the SHIP strategic issue area of Community Redevelopment and Partnership, goals are set forth to maximize partnership and collaboration while "[building] and [revitalizing] communities so people can live healthy lives."<sup>2</sup> Strategies developed in SHIP, such as increasing access to physical activity opportunities and increasing the availability of healthy foods, are also incorporated in Indian River County's CHIP.

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<sup>2</sup> Florida Department of Health, 2012. State Health Improvement Plan 2012-2015. Available at <http://www.floridahealth.gov/about-the-department-of-health/documents/state-health-improvement-plan.pdf>.

# Environmental Health Action Plan

 **KEY ACTIVITIES: REDUCE NITROGEN LEVELS IN THE INDIAN RIVER LAGOON, ASSESS AND IMPROVE INDIAN RIVER COUNTY'S BUILT ENVIRONMENT**

 **COMMUNITY RESOURCES: STAKEHOLDERS, NON-GOVERNMENTAL ORGANIZATIONS, GOVERNMENT AGENCIES, TECHNICAL CAPACITY, INDIAN RIVER PACE EH, INDIAN RIVER DEPARTMENT OF ENVIRONMENTAL HEALTH, INDIAN RIVER COUNTY GIS AND METROPOLITAN PLANNING**

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## GOAL 2.A: IMPROVE THE QUALITY OF THE NATURAL ENVIRONMENT IN INDIAN RIVER COUNTY.

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**OBJECTIVE 2.A.1: Reduce nitrogen input into groundwater and the Indian River Lagoon by 15% amount by January 30, 2020 (baseline data at 4,025 high-risk septic systems from 2017 and 0 stormwater treatment project from 2016)..**

 **Measure: Number of septic systems, Number of storm water treatment projects, Marine Resource Council "State of the Indian River Lagoon report"**

 *Florida Department of Environmental Protection (DEP) calculations for Nitrogen (annually) from the central Indian River Lagoon Basin Management Plan*

### Strategies:

- By January 20, 2020, reduce the number of onsite sewage disposal and treatment systems in high priority areas identified by local utility departments by 15% as measured by system abandonment permits
  - Key Action Steps:
    - Establish baseline data for number of tanks and secure grants, funding and create sewer infrastructure for connections.
- By January 30, 2020, in areas without sewers, increase the number of pre-1983 onsite sewage disposal systems that meet a 24-inch wettest season water table separation as measured by repair permits and septic to sewer conversions
  - Key Action Steps:
    - DOH-Indian River and Indian River County will explore establishing a new ordinance and update comprehensive plan policies
    - Analyze and prioritize areas of greatest nutrient loading
- By January 30, 2020, improve storm water treatment by installing two storm water treatment facilities
  - Key Action Steps:
    - Determine baseline data on existing facilities and meet with authorities to ensure two facilities will be created
- By January 30, 2020, reduce fertilizer usage by 20%
  - Key Action Steps:
    - Acquire, analyze and report Florida Department of Agriculture and Consumer Services (FDACS) data on fertilizer sales
    - Create more opportunities for education on fertilizer application

 Key Activities

 Community Resource

 Measure

 Benchmark

 Healthy People 2020

 State Health Improvement Plan

 Environmental Public Health Performance Standard

- Make existing education opportunities available in an online repository
- Promote “Be Floridian Now” program which supports Florida friendly landscaping

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**GOAL 2.B.: IMPROVE THE QUALITY OF THE BUILT ENVIRONMENT IN INDIAN RIVER COUNTY.**

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**OBJECTIVE 2.B.1:** By January 30, 2020, utilize the PACE EH methodology to assess Indian River County pedestrian and bicycle infrastructure and increase connectivity between community resource centers, including green spaces (e.g. schools, churches, grocery stores and farmer’s markets, employment area hubs, medical centers, libraries, parks and community gardens, social service agencies, and cultural centers) by 20% (baseline data at 0 surveys from 2017).

 *Measure: MPO goals and Indian River County data (linear feet of sidewalk, etc.)*

Strategies:

- Utilize an assessment survey tool, deployed online and on paper at community resource centers, to establish baseline data on current walking and biking route use, challenges to use, and community interest in increasing use
  - Key Action Steps:
    - Research and select appropriate walkability assessment tool
    - Acquire data for bike ability from the county MPO
- Implement Complete Streets Initiative
  - Key Action Steps:
    - Adopt Complete Streets Policy
    - Implement a Model/Pilot Project
- Create and provide walking and biking resource guides, including routes and safety recommendations, and make available online and in community resource centers to emphasize the importance of daily nature contact and leading a physically active lifestyle
  - Key Action Steps:
    - Distribute through community partners and make available in a central online repository
    - Develop a smart phone/tablet app for bike paths
    - Work with county GIS, community stakeholders and MPO to create the guide(s)
- Investigate and determine feasibility of general public members gaining access to existing outdoor play areas, including school grounds, on evenings and weekends
  - Key Action Steps:
    - Research applicable shared use policy and determine local political will and feasibility to adopt

 Key Activities

 Community Resource

 Measure

 Benchmark

 20 Healthy People 2020

 State Health Improvement Plan

 Environmental Public Health Performance Standard

## ***Evidence-Supported Initiatives***

### **Complete Streets**

Complete Streets are those that utilize design standards to make streets safe for all users, including those who walk, ride bikes and use public transportation. A Complete Street may include sidewalks, bicycle lanes, comfortable and accessible public transportation stops, frequent and safe crosswalks, median islands, pedestrian signals, curb extensions, narrower travel lanes, and roundabouts, among others.

Complete streets promote active transportation, which is human powered transport (walking, bicycling, accessing public transit). The Centers for Disease Control (CDC) identified a strong correlation between planning and investments in infrastructure and some of the most serious health concerns facing the United States, including heart disease, obesity, and diabetes. Currently, one third of our nation's children are overweight or obese according to the CDC.<sup>3</sup>

### **Shared Use Policies**

Joint use is a way to increase opportunities for children and adults to be more physically active. It refers to two or more entities — usually a school and a city or private organization — sharing indoor and outdoor spaces like gymnasiums, athletic fields and playgrounds. The concept is simple: share resources to keep costs down and communities healthy.

### **BMAP**

A Basin Management Action Plan (BMAP) is a "blueprint" for restoring impaired waters by reducing pollutant loadings to meet the allowable loadings established in a Total Maximum Daily Load (TMDL). It represents a comprehensive set of strategies--permit limits on wastewater facilities, urban and agricultural best management practices, conservation programs, financial assistance and revenue generating activities, etc.--designed to implement the pollutant reductions established by the TMDL. These broad-based plans are developed with local stakeholders--they rely on local input and local commitment--and they are adopted by Secretarial Order to be enforceable.

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<sup>3</sup> [www.browardmpo.org/projects-studies/complete-streets](http://www.browardmpo.org/projects-studies/complete-streets)

## Priority 3: Mental Health

### *Why is it a Priority?*

Mental health is essential to personal well-being, family and interpersonal relationships and the ability to contribute to the community. Mental health disorders are among the most common causes of disabilities in the nation. Poor mental health or the presence of mental illness often result in detrimental physical health and financial outcomes. Failure to access care is a significant issue among those suffering from mental health conditions. Stigma, lack of education and awareness, and missed opportunities for screenings and interventions are among the barriers for receiving appropriate care.

In Indian River County from 2012 to 2014, there has been an increasing trend in inpatient discharges related to episodic mood disorders with a significant amount of inpatient discharges in the 10-14 and 15-19 age groups. Additionally, in 2014, there were 26 deaths by suicide in Indian River County, an age-adjusted rate of 14.9 per 100,000 residents, which was slightly higher than the state's and higher than the Healthy People 2020 target of 10.2 per 100,000. The highest rates are among the 45-64 age group, and have been increasing since 2009. Due to the significant and impactful consequences and the challenges and barriers experienced accessing care, the Indian River County Advisory Council deemed mental health a priority. Furthermore, mental health has been outlined as a priority in Florida's State Health Improvement Plan (SHIP), with a goal of "[improving] behavioral health services so that adults, children and families are active, self-sufficient participants living in their communities."<sup>4</sup> The Community Health Improvement Plan (CHIP) uses strategies to strengthen the integration of mental health services with primary care services, as well as to reduce barriers to accessing behavioral and mental health services. The strategies and objectives outlined in the Indian River County CHIP align with the SHIP with the hope towards the common goal of improving the behavioral and mental health of residents of the county and the state.

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<sup>4</sup> Florida Department of Health, 2012. State Health Improvement Plan 2012-2015. Available at <http://www.floridahealth.gov/about-the-department-of-health/documents/state-health-improvement-plan.pdf>.

# Mental Health Action Plan

 **KEY ACTIVITIES:** Increase awareness of resources, education, access and number of providers

 **COMMUNITY RESOURCES:** WALK IN CENTERS, MENTAL HEALTH COLLABORATIVE, MENTAL HEALTH COURT, MENTAL HEALTH ASSOCIATION, SCHOOLS, CULTURAL- AND FAITH-BASED GROUPS, MENTAL HEALTH CONNECTIONS CENTER

## GOAL 3.A: IMPROVE THE ACCESS TO MENTAL HEALTH CARE IN INDIAN RIVER COUNTY.

**OBJECTIVE 3.A.1:** By September 30, 2017, establish the Mental Health Collaborative Connections Center, which provides a centralized point of access, referral and care coordination for mental health and substance abuse services while also addressing the related social determinants of health (baseline data at 0 clients served at the Connections Center and 0 reviews/assessments from 2016).

 **Measure:** *Connections Center official opening*

 *Number of clients served at the Connections Center*

**Strategies:**

- By July 1, 2017, hire staff and follow through with a plan to ensure the Connections Center thrives once open
  - **Key Action Steps:**
    - By December 1, 2017, create a strategic plan, a business plan and determine sustainable funding and operational mechanism for success

**OBJECTIVE 3.A.2:** Increase the number of psychiatric mental health professionals practicing in the county by 10% by 2020 (baseline data at 126 from 2015).

 **Measure:** *# of psychiatric providers*

 *Connections Center's baseline review and annual assessment*

**Strategies:**

- Establish training sites and internship opportunities for new providers.
  - **Key Action Steps:**
    - Mental Health Collaborative will work with stakeholders to assess the need, determine baseline data and develop effective strategies for recruitment and collaboration
    - Increase the number of mental health agencies within the county that are Continuing Education Unit (CEU) providers

 Key Activities

 Community Resource

 Measure

 Benchmark

 Healthy People 2020

 State Health Improvement Plan

 Environmental Public Health Performance Standard

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## GOAL 3.B.: ENABLE MESSAGING IN THE COUNTY THAT NURTURES AN INDIVIDUAL, INCLUDING CHILDREN.

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OBJECTIVE 3.B.1: Increase the number of education sessions for parents and guardians on mental health services awareness in the community by December 31, 2020 (baseline data at 0 sessions from 2016).

 *Measure: Number of educational sessions, survey data*

Strategies:

- Mobilize resources in underserved communities by bringing services to them
  - Key Action Steps:
    - By June 2017, Mental Health Association via the Connections Center will begin providing resources to underserved communities
    - By December 1, 2017, survey the community to assess and establish where gaps exist in accessing educational opportunities
    - By December 1, 2017, the Mental Health Collaborative will develop a “Stigma and Prevention Committee” that will develop a plan to increase access, awareness and education of mental health illness

OBJECTIVE 3.B.2: Increase mental health screenings for children within the community by December 31, 2020 (baseline data at 0 schools from 2016).

 *Measure: Number of screenings*

Strategies:

- Provide 35% more mental health screenings to school aged children by December 1, 2019
  - Key Action Steps:
    - By February 15, 2017, establish baseline data for number of screenings, if any that are being performed in schools
    - Increase services to meet the target of a 35% increase in mental health screenings by December 1, 2018

OBJECTIVE 3.B.3: Establish a pilot mentoring program within the county by December 31, 2020 (baseline data at 0 programs from 2016).

 *Measure: Successful implementation and execution of a pilot program*

Strategies:

- By June 30, 2017, create a peer mentoring program and hire a peer specialist as a care coordinator to ensure the program’s success
  - Key Action Steps:
    - Mental Health Association will secure funding and resources to create the peer program and hire a peer specialist care coordinator by June 30, 2017

 Key Activities

 Community Resource

 Measure

 Benchmark

 Healthy People 2020

 State Health Improvement Plan

 Environmental Public Health Performance Standard

## **Evidence-Supported Initiatives**

Evidence-supported initiatives and campaigns will be identified depending on the goals and objectives outlined by the Council. “It’s Okay to Get Help” is a program that has been implemented in the community.

### ***It’s Okay to Get Help***

***“It’s Okay to Get Help!*** It’s not just words; it’s a new approach for the mental health of our citizens. It’s a collaboration of all health care, private and government agencies. It’s a prevention and education campaign.” ‘It’s Okay to Get Help’ was developed in response to an identified gap in mental health services; prevention and education.<sup>5</sup>

It is recommended that the community invests time to research the available evidence-supported programs to identify a program that will be appropriate for Indian River County, taking into consideration the demographics, available resources, community partners, etc. For additional information on evidence-supported campaigns, there are many useful resources including: the Health Indicators Warehouse developed by the National Center for Health Statistics ([www.healthindicator.gov](http://www.healthindicator.gov)), the County Health Rankings & Roadmaps website ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)), the Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)) and the National Prevention Strategy.

## **Community Resources**

### ***Mental Health Association of Indian River County***

“The Mental Health Association seeks to strengthen and enrich the community by providing educational and crisis intervention programs and services that cultivate good mental health. The Association strives to provide good, strong programs and service to benefit the counties. The Mental Health Association has become a keystone in the quality of life and well-being of our residents by proudly sponsoring”.

- Mental health walk-in center
- Informational and referral – Our resource specialist
- Diagnostic assessments
- Counseling and therapy
- Behavior modification classes and programs
- Self–help programs
- Advocacy<sup>6</sup>

### ***The Mental Health Collaborative of Indian River County***

The Mental Health Collaborative of Indian River County is a group of dedicated individuals who have an interest in “cooperating to find mental health care solutions for [the] community.” The mission of the collaborative is” to establish a continuum of care for mental health made up of private and public funders, mental health providers and individuals who work in collaboration to increase access, decrease duplication, and facilitate community wide support of mental health issues.”<sup>7</sup> The Mental Health Collaborative is a forum for key stakeholders to:

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<sup>5</sup> <http://www.mhairc.org/index.html>

<sup>6</sup> <http://www.mhairc.org/pageflip/index.html>

<sup>7</sup> [www.mentalhealthcollaborativeofirc.org](http://www.mentalhealthcollaborativeofirc.org)

- Identify gaps in the mental health care continuum and search for innovative ways to fill those gaps
- Facilitate interagency relationships and cooperation, thereby decreasing turf issues, service duplication, and misallocation of funding
- Project a united front with local and State government
- Encourage early identification of emerging mental health concerns in our community
- Educate funders of opportunities to improve the lives of the mentally ill in our community

## Priority 4: Infant Mortality

### *Why is it a Priority?*

Infant mortality is often used as a measure of overall population health. In 2014, the infant death rate was 4.7 per 1,000 live births in Indian River County, which was significantly lower than in previous years and in comparison, with the state. Although the overall rate has improved, the 'Black and Other' infant mortality 3-year rate from 2012-2014 is over nine times as high, at 25.0 per 1,000 live births, when compared to the 'White' infant mortality (2.6 per 1,000). This significant discrepancy was of major concern to the Advisory Committee.

In relation to the Florida State Health Improvement Plan, in 2009, the State's infant mortality rate ranked 29<sup>th</sup> among the states. In 2010, black babies born in Florida were 2.5 times as likely to experience an infant death as white babies. In addition, in 2009, black mothers experienced preterm birth 1.5 times more often than white mothers.

In Indian River County, the Committee identified areas of need such as prenatal care and education, proper nutrition, and access to care post-pregnancy. Improvement strategies were targeted at these identified areas.

# Infant Mortality Action Plan

 **KEY ACTIVITIES: MONITORING DATA, FACILITATING PARTNERSHIPS, INCREASING COMMUNITY BASED SERVICES AND OUTREACH, INCREASING AVAILABLE RESOURCES**

 **COMMUNITY RESOURCES: PARTNERS, IRC HEALTHY START, HEALTH CLINICS**

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## GOAL 4.A: IMPROVE ACCESS TO PRENATAL CARE

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 Key Activities

 Community Resource

 Measure

 Benchmark

 Healthy People 2020

 State Health Improvement Plan

 Environmental Public Health Performance Standard

**OBJECTIVE 4.A.1: Increase the number/rate of mothers who enter early into prenatal care within the first trimester from 69.8% to 79.5% by December 31, 2019 (baseline data at 70.9% from 2016).**

 **Measure: Number of women entering prenatal care (baseline is 2013-2015 data)**

 *Number of visits*  
 *Birth certificate information*

**Strategies:**

- Establish regular family practitioners in conjunction with “safety net” providers
- Foster home visit initiative/nurse family partnership (NFP) in the community for prenatal education
- Increase health literacy
  - **Key Action Steps:**
    - Coordinate service and providers to ensure care is being received.
    - Consolidate locations and services where warranted to provide better service delivery and access.
    - Secure funding for home visit/NFP program. Find nurse who is a trusted member of the community for program.
    - Collect information on barriers to understand communication barriers to prenatal care.

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## GOAL 4.B: REDUCE DISPARITIES IN INFANT MORTALITY

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**OBJECTIVE 4.B.1: Reduce the Indian River County infant mortality rate from 6.9 to 6.0 per 1,000 live births by December 31, 2019 (baseline data at 7.2 deaths per 1,000 live births from 2015).**

 **Measure: Rate of live births**

**OBJECTIVE 4.B.2: By December 31, 2020 reduce the rate of pre-term births (baseline data at 8.3% from 2015).**

 **Measure: Rate of pre-term births**

**Strategies:**

- Encourage safe and healthy home environments to include sleep practices by December 1, 2018
- Conduct a Fetal Infant Death Review Report by the end of February 2020
  - Key Action Steps:
    - Pilot a “baby box” program for new mothers to have a safe place for the baby to sleep by June 30, 2017
    - Create an awareness campaign with hosted peer support groups about breastfeeding focusing on young black women
    - Find doulas who are a trusted member of the community for program.
    - Increase healthy equity literacy by public viewings of Unnatural Causes
    - Continue FL Healthy Babies initiative to improve services
    - Explore pregnancy hotline possibility
    - Develop county specific and comprehensive messaging materials for prenatal care

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## GOAL 4.C: INCREASE PRECONCEPTION HEALTH BEHAVIORS AMONG REPRODUCTIVE AGE PEOPLE

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OBJECTIVE 4.C.1: Establish a system of information sharing among primary care and obstetrical providers to promote continuity of care by September 30, 2019 (baseline data at 0 systems from 2017).

 *Measure: # of women receiving primary care*

OBJECTIVE 4.C.1: By December 31, 2020 decrease the rate of obesity among women of childbearing age (baseline data at 29.5% from 2015).

 *Measure: Rate of obesity*

OBJECTIVE 4.C.3: By December 31, 2020 decrease the rate of smoking among women of childbearing age (baseline data at 7.8% from 2015).

 *Measure: Resident Live Births to Mothers Who Smoked During Pregnancy*

Strategies:

- Increase physical activity and nutrition education, awareness and opportunities for pregnant women to be informed (obesity prevention)

- Key Action Steps:

- Decrease percentage of pregnant women who smoke
- Train clinical providers on nutrition and obesity prevention programs.
- Conduct neighborhood workshops on nutrition and healthy cooking by December 1, 2019.
- Use GIS mapping and assessment tools to identify geographic areas lacking recreational amenities and access to fresh foods which will also increase awareness about locations of walking and bike trails, parks, farmer’s markets, etc.
- Create focus groups to learn of knowledge and access gaps of services and primary care needs



- Increase communication between providers to strengthen service delivery

## ***Evidence-Supported Initiatives***

### **Community Voice**

Community Voice is a grassroots program that teaches residents about prenatal health in an effort to reduce black infant mortality and improve birth outcomes. The Community Voice program aims to support behaviors that promote healthy pregnancies by motivating people and encouraging lifestyle changes. The program trains residents to become "Lay Health Advisors" through a series of five classes that address a variety of health concerns, including SIDS, preterm labor, and early prenatal care. Community Voice participants engage community members and spread positive health education information through Town Hall meetings, churches, civic organizations, community events, and other local venues.

### **Connection One**

The Community-Based Doula Program is a unique, innovative program model that provides extended, intensive support to families throughout pregnancy, during labor and birth, and in the early months of parenting in communities that face high risks of negative birth and developmental outcomes. The presence and involvement of the community-based doula at birth distinguishes this program from all other home visiting models. In addition, community-based doulas are of and from the communities being served. This program model combines culturally appropriate peer-to-peer support with a life course approach that focuses on the perinatal year and the early months of parenting, a sensitive period in which families have a unique openness to change, learning and growth.

### **Florida Health Babies Initiative**

Florida Healthy Babies is a statewide initiative designed to reduce disparities in infant mortality by positively influencing the conditions in which people are born, grow, live, and age. The Florida Healthy Babies Initiative (FHBI) is a state-wide effort to address high rates of infant mortality at the county-level. In Indian River County, FL, the infant death rate was 4.7 per 1,000 live births for the county in 2014, significantly lower than in previous years and in comparison, to the state at 6.0 per 1,000 live births. The 'Black and Other' infant mortality 3-year rate from 2012-2014 is nearly ten times as high at 25.0 per 1,000 live births when compared to the 'White' infant mortality (2.6 per 1,000). The fetal death rate was 7.7 per 1,000, slightly higher than Florida's (7.1 per 1,000), and increasing since 2011.

### **Nurse-Family Partnership®**

Nurse-Family Partnership helps transform the lives of vulnerable first-time moms and their babies. Through ongoing home visits from registered nurses, low-income, first-time moms receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient. From pregnancy until the child turns

two years old, Nurse-Family Partnership Nurse Home Visitors form a much-needed, trusting relationship with the first-time moms, instilling confidence and empowering them to achieve a better life for their children – and themselves.

## Health Literacy

The Patient Protection and Affordable Care Act of 2010 defines health literacy as the “degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions.”<sup>8</sup> Health literacy is a vital component of developing and implementing a CHIP at the national, state and local levels. Improving health literacy is vital to capacity building and understanding health choices and consequences. Individuals who provide health information and education should be cognizant of a consumer’s health literacy skills and should tailor information and interventions to aid community members in understanding the importance of health.

This CHIP was developed with a health literacy component in each of the priorities and aligns with the goals of the National Action Plan to Improve Health Literacy developed by the U.S. Department of Health and Human Services.<sup>9</sup> Through collaboration and partnership, the Indian River County Community Health Improvement Plan hopes to improve the accessibility, quality, and safety of health care; reduce costs while using resources efficiently; and improve the health and quality of life of the residents of Indian River County.

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<sup>8</sup> Patient Protection and Affordable Care Act of 2010, Title V. Available at [http://www.hhs.gov/sites/default/files/v-health\\_care-workforce.pdf](http://www.hhs.gov/sites/default/files/v-health_care-workforce.pdf).

<sup>9</sup> U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). National Action Plan to Improve Health Literacy. Washington, DC: Author.

## Using the Plan

The implementation of the Indian River County Community Health Improvement Plan (CHIP) will strengthen the public health system, guide planning future efforts, build partnerships and ultimately promote the well-being and quality of life for Indian River County residents. The Indian River County CHIP, developed by community stakeholders and members, builds upon the foundation of local initiatives and seeks to improve the well-being of the residents of Indian River County. Below are some suggestions and strategies of ways that you can play a part in achieving a healthier community.

- Raise awareness of the health priorities in the community and the CHIP
- Support programs, policies, initiatives, resources and campaigns aimed to address the health priorities in the community
- Be an advocate and champion in the community for healthy behaviors and for health improvement
- Share resources and promote collaboration to strengthen the health improvement efforts in the county

## Get Involved

Community health improvement is a community-driven process, in which all stakeholders and residents are invited to improve the health and well-being of the county. For additional information or to get involved in the health improvement activities, please contact:

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772-794-7445

# Appendix A – Priority 1: Healthy Weight Action Plan

Background: During the past two decades, our nation has experienced a significant increase in the percentage of overweight and obese children and adults. From 2008 to 2012, the rate of students at or above the 95th percentile in BMI in the county increased from 8.3% to 11.2% for middle school students and from 11.4% to 14.2% for high school students. Furthermore, over 3 out of 5 adults reported being either overweight or obese in Indian River County. These alarming rates are of significant concern in the Indian River community, particularly due to the projections that the trend of overweight and obesity will continue to increase.

**GOAL 1.A. ENSURE INDIAN RIVER COUNTY RESIDENTS STRIVE AND SUSTAIN A HEALTHY WEIGHT THROUGH A HOLISTIC APPROACH.**

<b>SMART OBJECTIVE / MEASURE</b>	<b>STRATEGIES</b>	<b>LEAD AGENCY</b>	<b>PARTNERS</b>	<b>DEPARTMENT RESPONSIBLE</b>
1.A.1. Reduce the percent of overweight and obese individuals by 2% by December 31, 2020 (baseline data at 60.2% from 2013).  <hr/> <i>Measure: % of decrease in data</i>	<ul style="list-style-type: none"> <li>• Develop educational resources to promote healthier choices</li> <li>• Implement a Healthy Champions Initiative</li> <li>• Promote Workplace Wellness programs</li> <li>• Implement 5210 in all school cafeterias</li> </ul>	DOH-Indian River	School District, community leaders, nonprofits and local businesses	Administration (Julianne Price)

**GOAL 1.A. ENSURE INDIAN RIVER COUNTY RESIDENTS STRIVE AND SUSTAIN A HEALTHY WEIGHT THROUGH A HOLISTIC APPROACH. *CONT.***

<b>SMART OBJECTIVE / MEASURE</b>	<b>STRATEGIES</b>	<b>LEAD AGENCY</b>	<b>PARTNERS</b>	<b>DEPARTMENT RESPONSIBLE</b>
<p>1.A.2. Conduct an audit to assess the walkability of Indian River County by December 31, 2019 (baseline data at 0 from 2017)._____</p> <p><i>Measure: # of audits performed</i></p>	<ul style="list-style-type: none"> <li>• Acquire GIS data</li> <li>• Conduct a county wide walkability assessment</li> </ul>	<p>MPO, DOH-Indian River</p>	<p>Indian River County GIS, Metropolitan Planning Organization (MPO), Community Leaders and Nonprofits</p>	<p>Administration (Julianne Price)</p>

## Appendix B – Priority 2: Environmental Health Action Plan

Background: Establishing and maintaining a healthy environment is central to increasing quality of life and years of healthy life. Environmental factors are diverse and far reaching. Without proper assessment, correction and prevention, environmental factors may adversely affect the health of present and future generations.

There are two subsections of environment that the Indian River County Advisory Committee focused on: the natural environment and the built, or man-made, environment. The natural environment includes air, water and soils, as well as the physical, chemical, biological and social features of our surroundings. The built, or man-made, environment refers to physical structures where people live and work such as homes, offices, schools, factories and farms, as well as community systems such as roads and transportation systems, land use practices and waste management.

Indian River County lacks a large-scale bicycle and pedestrian infrastructure. The shortage of sidewalks and trails, as well as safety issues, were of concern to the group. Additionally, the Indian River County Advisory Committee elected to address nitrogen pollution of the Indian River Lagoon and groundwater. Environmental Health was a component of the previous Indian River County 2012 Community Health Improvement Plan (CHIP) and continues to be an essential part of the county's improvement plan, as well as the State Health Improvement Plan (SHIP). Under the SHIP strategic issue area of Community Redevelopment and Partnership, goals are set forth to maximize partnership and collaboration while "[building] and [revitalizing] communities so people can live healthy lives." Strategies developed in SHIP, such as increasing access to physical activity opportunities and increasing the availability of healthy foods, are also incorporated in Indian River County's CHIP.

### GOAL 2.A. IMPROVE THE QUALITY OF THE NATURAL ENVIRONMENT IN INDIAN RIVER COUNTY.

<b>SMART OBJECTIVE / MEASURE</b>	<b>STRATEGIES</b>	<b>LEAD AGENCY</b>	<b>PARTNERS</b>	<b>DEPARTMENT RESPONSIBLE</b>
<p>2.A.1. Reduce nitrogen input into groundwater and the Indian River Lagoon by 15% by January 30, 2020 (baseline data at 4,025 high-risk septic systems from 2017 and 0 stormwater treatment project from 2016).</p> <p>_____</p> <p><i>Measure: % of Nitrogen reduced</i></p>	<ul style="list-style-type: none"> <li>• By January 20, 2020, reduce the number of onsite sewage disposal and treatment systems in high priority areas identified by local utility departments by 15% as measured by system abandonment permits.</li> <li>• By January 30, 2020, in areas without sewers, increase the number of pre-1983 onsite sewage disposal systems that meet a 24-inch wettest season water table separation as measured by repair permits.</li> <li>• By January 30, 2020, improve storm water treatment by installing two storm water treatment facilities.</li> <li>• By January 30, 2020, reduce fertilizer usage by 20%.</li> </ul>	Indian River County	Indian River County, Marine Council, Pelican Island Audubon Society	Environmental Health (Cheryl Dunn)

<b>GOAL 2.B. IMPROVE THE QUALITY OF THE BUILT ENVIRONMENT IN INDIAN RIVER COUNTY.</b>				
<b>SMART OBJECTIVE / MEASURE</b>	<b>STRATEGIES</b>	<b>LEAD AGENCY</b>	<b>PARTNERS</b>	<b>DEPARTMENT RESPONSIBLE</b>
<p>2.B.1. By January 30, 2020, assess Indian River County pedestrian and bicycle infrastructure and increase connectivity between community resource centers, including green spaces by 20% (baseline data at 0 surveys from 2017)._____</p> <p><i>Measure: MPO goals and Indian River County data</i></p>	<ul style="list-style-type: none"> <li>• Utilize an assessment survey tool to establish baseline data on current walking and biking route use, challenges to use, and community interest in increasing use</li> <li>• Implement Complete Streets Initiative</li> <li>• Create and provide education and outreach materials, made available online and onsite at above community resource centers, regarding importance of daily nature contact and leading a physically active lifestyle.</li> <li>• Create and provide walking and biking resource guides, including routes and safety recommendations, and make available online and in community resource centers.</li> <li>• Investigate and determine feasibility of general public members gaining access to existing outdoor play areas, including school grounds, on evenings and weekends.</li> </ul>	DOH-Indian River	Bike Walk Indian River, MPO, Indian River County local government, school district, nonprofits and local businesses	Administration (Julianne Price)

# Appendix C – Priority 3: Mental Health Action Plan

Background: Mental health is essential to personal well-being, family and interpersonal relationships and the ability to contribute to the community. Mental health disorders are among the most common causes of disabilities in the nation. Poor mental health or the presence of mental illness often result in detrimental physical health and financial outcomes. Failure to access care is a significant issue among those suffering from mental health conditions. Stigma, lack of education and awareness, and missed opportunities for screenings and interventions are among the barriers for receiving appropriate care.

In Indian River County from 2012 to 2014, there has been an increasing trend in inpatient discharges related to episodic mood disorders with a significant amount of inpatient discharges in the 10-14 and 15-19 age groups. Additionally, in 2014, there were 26 deaths by suicide in Indian River County, an age-adjusted rate of 14.9 per 100,000 residents, which was slightly higher than the state's and higher than the Healthy People 2020 target of 10.2 per 100,000. The highest rates are among the 45-64 age group and have been increasing since 2009. Due to the significant and impactful consequences and the challenges and barriers experienced accessing care, the Indian River County Advisory Council deemed mental health a priority. Furthermore, mental health has been outlined as a priority in Florida's State Health Improvement Plan (SHIP), with a goal of "[improving] behavioral health services so that adults, children and families are active, self-sufficient participants living in their communities."<sup>10</sup> The Community Health Improvement Plan (CHIP) uses strategies to strengthen the integration of mental health services with primary care services, as well as to reduce barriers to accessing behavioral and mental health services. The strategies and objectives outlined in the Indian River County CHIP align with the SHIP with the hope towards the common goal of improving the behavioral and mental health of residents of the county and the state.

## GOAL 3.A. IMPROVE THE ACCESS TO MENTAL HEALTH CARE IN INDIAN RIVER COUNTY

<b>SMART OBJECTIVE / MEASURE</b>	<b>STRATEGIES</b>	<b>LEAD AGENCY</b>	<b>PARTNERS</b>	<b>DEPARTMENT RESPONSIBLE</b>
<p>3.A.1. By September 30, 2019, establish the Mental Health Collaborative's Connections Center, which provides a centralized point of access, referral and care coordination for mental health and substance abuse services while also addressing the related social determinants of health (baseline data at 0 clients served at the Connections Center and 0 reviews/assessments from 2016).</p> <p><i>Measure: Opening of Connection's Center</i></p>	<ul style="list-style-type: none"> <li>Hire staff and follow through on establishment of Connections Center</li> </ul>	Mental Health Collaborative	Members of the Mental Health Collaborative	Administration (Julianne Price)

<sup>10</sup> Florida Department of Health, 2012. State Health Improvement Plan 2012-2015. Available at <http://www.floridahealth.gov/about-the-department-of-health/documents/state-health-improvement-plan.pdf>.

## Appendix C – Priority 3: Mental Health Action Plan

<b>SMART OBJECTIVE / MEASURE</b>	<b>STRATEGIES</b>	<b>LEAD AGENCY</b>	<b>PARTNERS</b>	<b>DEPARTMENT RESPONSIBLE</b>
3.A.2 Increase the number of mental health professionals practicing in the county by 10% by December 31, 2020 (baseline data at 126 from 2015). _____ <i>Measure: # of licensed mental health professionals</i>	<ul style="list-style-type: none"> <li>Establish training sites and internship opportunities for new providers</li> </ul>	Mental Health Collaborative	Mental Health Association, nonprofits and health centers	Administration (Julianne Price)
<b>GOAL 3.B. ENABLE MESSAGING IN THE COUNTY THAT NURTURES AN INDIVIDUAL, INCLUDING CHILDREN.</b>				
<b>SMART OBJECTIVE / MEASURE</b>	<b>STRATEGIES</b>	<b>LEAD AGENCY</b>	<b>PARTNERS</b>	<b>DEPARTMENT RESPONSIBLE</b>
3.B.1. Increase the number of education sessions for parents and guardians to promote mental health services awareness in the community by December 31, 2020 (baseline data at 0 sessions from 2016). _____ <i>Measure: # of education sessions delivered</i>	<ul style="list-style-type: none"> <li>Mobilize resources in underserved communities by bringing services to them</li> </ul>	Mental Health Collaborative	Nonprofit mental health agencies, community leaders, health centers and private businesses	Administration (Julianne Price)
3.B.2. Increase mental health screenings for children within the community by December 31, 2020 (baseline data at 0 schools from 2016). _____ <i>Measure: # of screenings</i>	<ul style="list-style-type: none"> <li>Provide 35% more mental health screenings for school aged children by December 1, 2019</li> </ul>	Indian River County School District	School district, health centers, mental health nonprofits	Administration (Julianne Price)

<p>3.B.3. Establish a pilot mentoring program within the county by December 31, 2020 (baseline data at 0 programs from 2016).</p> <p>_____</p> <p><i>Measure: Evaluation of pilot program</i></p>	<ul style="list-style-type: none"> <li>By June 30, 2017, create a peer mentoring program and hire a peer specialist as a care coordinator to ensure the program's success</li> </ul>	<p>Mental Health Collaborative</p>	<p>Connections Center, mental health nonprofits, community leaders and stakeholders</p>	<p>Administration (Julianne Price)</p>
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## Appendix D – Priority 4: Infant Mortality Action Plan

Background: Infant mortality is often used as a measure of overall population health. In 2014, the infant death rate was 4.7 per 1,000 live births in Indian River County, which was significantly lower than in previous years and in comparison with the state. Although the overall rate has improved, the 'Black and Other' infant mortality 3-year rate from 2012-2014 is over nine times as high, at 25.0 per 1,000 live births, when compared to the 'White' infant mortality (2.6 per 1,000). This significant discrepancy was of major concern to the Advisory Committee.

In relation to the Florida State Health Improvement Plan, in 2009, the State's infant mortality rate ranked 29<sup>th</sup> among the states. In 2010, black babies born in Florida were 2.5 times as likely to experience an infant death as white babies. In addition, in 2009, black mothers experienced preterm birth 1.5 times more often than white mothers.

In Indian River County, the Committee identified areas of need such as prenatal care and education, proper nutrition, and access to care post-pregnancy. Improvement strategies were targeted at these identified areas.

### **GOAL 4.A. IMPROVE ACCESS TO PRENATAL CARE**

<b>SMART OBJECTIVE / MEASURE</b>	<b>STRATEGIES</b>	<b>LEAD AGENCY</b>	<b>PARTNERS</b>	<b>DEPARTMENT RESPONSIBLE</b>
<p>4.A.1. Increase the number/rate of mothers who enter early into prenatal care within the first trimester from 69.8% to 79.5% by December 31, 2019 (baseline data at 70.9% from 2016)._____</p> <p><i>Measure: Number of mothers entering into prenatal care</i></p>	<ul style="list-style-type: none"> <li>Establish regular family practitioners as opposed to health department clinics</li> <li>Secure funding for home visit/NFP program</li> <li>Collect information to understand communication barriers</li> </ul>	<p>CHIP Infant Mortality Work Group</p>	<p>IRC Healthy Start</p>	<p>Administration (Julianne Price)</p>

<b>GOAL 4.B. REDUCE DISPARITIES IN INFANT MORTALITY</b>				
<b>SMART OBJECTIVE / MEASURE</b>	<b>STRATEGIES</b>	<b>LEAD AGENCY</b>	<b>PARTNERS</b>	<b>DEPARTMENT RESPONSIBLE</b>
<p>4.B.1. Reduce the Indian River County infant mortality rate from 7.2 to 6.0 per 1,000 live births by December 31, 2019 (baseline data at 7.2 deaths per 1,000 live births from 2015)._____</p> <p><i>Measure: infant mortality rate</i></p> <p>4.B.2. By December 31, 2020 reduce the rate of pre-term births (baseline data at 8.3% from 2015)._____</p> <p><i>Measure: rate of pre-term births</i></p>	<ul style="list-style-type: none"> <li>• Ensure safe and healthy homes to include sleep practices by December 1, 2018</li> <li>• Conduct a fetal infant death review report by February 2020</li> <li>• Pilot a “baby box” program for new mothers to have a safe place to sleep by June 30, 2017</li> <li>• Find doulas who are a trusted member of the community for the doula program</li> </ul>	IRC Healthy Start	HCSEF, Partners, TLC, health centers	Administration (Julianne Price)
<b>GOAL 4.C. INCREASE PRECONCEPTION HEALTH BEHAVIORS AMONG REPRODUCTIVE AGE WOMEN</b>				
<b>SMART OBJECTIVE / MEASURE</b>	<b>STRATEGIES</b>	<b>LEAD AGENCY</b>	<b>PARTNERS</b>	<b>DEPARTMENT RESPONSIBLE</b>
<p>4.C.1. Establish a system of information sharing among primary care and obstetrical providers to promote continuity of care by September 30, 2019 (baseline data at 0 systems from 2017)._____</p> <p><i>Measure: # of people receiving primary care</i></p> <p>4.C.2. By December 31, 2020 decrease the rate of obesity among mothers at time pregnancy occurred (baseline data at 29.5% from 2015)._____</p> <p><i>Measure: Obesity rate</i></p>	<ul style="list-style-type: none"> <li>• Increase physical activity and nutrition education, awareness and opportunities for pregnant women to be informed (obesity prevention)</li> <li>• Create focus groups to learn of knowledge and access gaps of services and primary care needs</li> <li>• Increase communication between providers to strengthen service delivery</li> </ul>	IRC Healthy Start	DOH-Indian River, Treasure Coast Community Health, private physicians	Administration (Miranda Hawker)

<b>GOAL 4.C INCREASE PRECONCEPTION HEALTH BEHAVIORS AMONG REPRODUCTIVE AGE WOMEN</b>				
<b>SMART OBJECTIVE / MEASURE</b>	<b>STRATEGIES</b>	<b>LEAD AGENCY</b>	<b>PARTNERS</b>	<b>DEPARTMENT RESPONSIBLE</b>
<p>4.C.3. By December 31, 2020 decrease the rate of smoking among women of childbearing age (baseline data at 7.8% from 2015)._____</p> <p><i>Measure: Resident Live Births to Mothers Who Smoked During Pregnancy</i></p>	<ul style="list-style-type: none"> <li>Increase health literacy and communications of anti-smoking campaigns (i.e. Quit Doc)</li> </ul>	IRC Healthy Start	Quit Doc, nonprofits and health centers	Community Health (Rose Parker)

# Appendix E - Revisions to the CHIP (Version 1.3)

The CHIP is reviewed quarterly by the Performance Management Council at committee meetings, workgroups, and it is reviewed by administration as needed. The CHIP is reviewed annually with external stakeholders at meetings such as the annual accreditation and LPHSA meeting. Revisions to the CHIP have been made after careful review of the goals, objectives, strategies and measures of the 2016–2020 CHIP. As of 2019 any CHIP workgroup meeting minutes will be added to the annual CHIP report. Recommended changes are made based on the following parameters:

- Availability of data to monitor progress – performance measures that had county-level data available were preferred, etc.
- Availability of resources
- Community readiness
- Evident progress
- Alignment of goals
- Input received at community and stakeholder meetings
- DOH Indian River Performance Management Council’s periodic review of data

As of November 2019, changes to the CHIP (Version 1.3) will be listed as follows:

Page	Section	Change	Date Changed
49-51	Appendix F	Added national priority alignment to CHIP alignment priorities, per review suggestions	7/30/20
Many	Many	Added baseline and year of baseline to all objectives, per review suggestions	7/30/20
Many	Overview, Priorities	Updated objectives that were not on track or completed to December 31, 2020; updated objectives without end points similarly	7/23/20
Many	Many	Updated formatting	7/23/20
Many	Many	Updated formatting, objectives of the entire document	12/13/19
47-48	Appendix F	Completed alignment table with other accreditation documents	10/30/19
19	Priority 1: Healthy Weight	Added new strategy to help improve Health Equity and address Obesity in under resourced communities within the County (SNAP-Ed, health equity fact sheet); this was done as a response to the fact that not enough PSEs were reached in the community last year.	10/8/19
33	Priority 4: Infant Mortality	DOH-Indian River will conduct a Fetal Infant Death Review Report by the end of February 2020	10/8/19
39-45	Appendices A-D	Added department/person responsible for the objectives and strategies of the CHIP	10/8/19
46	Appendix E	Amended Appendix E format to be more informative- contains dates of tracked changes as well as sections & page numbers; marked dates	10/8/19

		when new format began; marked date when workgroup minutes are incorporated into the CHIP	
	Overall	Extension of completion year to 2020	05/2019
	Overall	Minor revisions of strategies	05/2019

# Appendix F: CHIP (Version 1.3) Alignment with Local, State, and National Improvement Plans

CHIP Priority & Goal	QI Project	Plan Alignment	Aligned Priority Area
<b>Priority 1: Healthy Weight - ...</b> sustain a healthy weight through a holistic approach (Goal #1)	<b>Programmatic - Population Based:</b> Snap Ed – Improve Childhood Obesity	<input checked="" type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input checked="" type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan <input checked="" type="checkbox"/> Healthy People 2020	<u>DOH-Indian River Strategic Plan</u> <ul style="list-style-type: none"> <li>• Priority: Community Health Planning</li> <li>• Goal: Decrease percentage of youth and adults in IRC who are overweight or obese</li> </ul> <u>SHIP</u> <ul style="list-style-type: none"> <li>• Healthy Weight, Nutrition &amp; Physical Activity</li> </ul> <u>Healthy People 2020</u> <ul style="list-style-type: none"> <li>• Goal: Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.</li> <li>• Goal: Achieve health equity, eliminate disparities, and improve the health of all groups.</li> </ul>
<b>Priority 2: Environmental Health -</b> Improve the quality of the natural environment in Indian River County. (Goal #1)	N/A	<input type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan <input checked="" type="checkbox"/> Healthy People 2020	<u>DOH-Indian River Strategic Plan</u> <ul style="list-style-type: none"> <li>• Environmental Stewardship</li> </ul> <u>Healthy People 2020</u> <ul style="list-style-type: none"> <li>• Goal: Create social and physical environments that promote good health for all.</li> </ul> Goal: Promote quality of life, healthy development, and healthy behaviors across all life stages.
<b>Priority 2: Environmental Health –</b> Improve the quality of the built environment in Indian River County (Goal #2)	<b>Programmatic: Epidemiology</b> Identify Local Healthcare Stakeholders and Providers	<input checked="" type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan <input checked="" type="checkbox"/> Healthy People 2020	<u>DOH-Indian River Strategic Plan</u> <ul style="list-style-type: none"> <li>• Priority: Community Health Planning</li> <li>• Goal: Improve public health outcomes through effective collaboration with community partners</li> </ul> <u>Healthy People 2020</u> <ul style="list-style-type: none"> <li>• Goal: Create social and physical environments that promote good health for all.</li> <li>• Goal: Promote quality of life, healthy development, and healthy behaviors across all life stages.</li> </ul>
<b>Priority 3: Mental Health -</b> Improve	<b>Local Administrative:</b>	<input checked="" type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> State Health Improvement Plan	<u>FDOH Agency Strategic Plan</u> <ul style="list-style-type: none"> <li>• Strategic Priority Areas and Goals: Health Equity</li> </ul>

CHIP Priority & Goal	QI Project	Plan Alignment	Aligned Priority Area
access to mental health care in Indian River County (Goal #1)	Improve our Internet Website ADA Compliance	<input checked="" type="checkbox"/> CHD Strategic Plan <input checked="" type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan <input checked="" type="checkbox"/> National Strategy for Suicide Prevention	<u>DOH-Indian River Strategic Plan</u> <ul style="list-style-type: none"> <li>• Priority: Access to Public Health Services</li> <li>• Goal: Improve access to health care for uninsured and underinsured</li> </ul> <u>National Strategy for Suicide Prevention</u> <ul style="list-style-type: none"> <li>• Strategy: Promote the availability of timely treatment and support services</li> <li>• Strategy: Create supportive environments that promote healthy and empowered individuals, families, and communities</li> </ul>
<b>Priority 3: Mental Health</b> - Enable messaging in the county that nurtures an individual, including children. (Goal #2)	<b>Customer Satisfaction:</b> Improve Phone Customer Service	<input checked="" type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan <input checked="" type="checkbox"/> Connecting Health and Care for the Nation <input checked="" type="checkbox"/> National Action Plan for Child Injury Prevention	<u>DOH-Indian River Strategic Plan</u> <ul style="list-style-type: none"> <li>• Priority: Organizational Excellence: Effective, Efficient, Sustainable</li> <li>• Goal: Promote a culture of excellent customer service</li> </ul> <u>Connecting Health and Care for the Nation</u> <ul style="list-style-type: none"> <li>• Goal: Build upon the existing health IT infrastructure</li> <li>• Goal: Empower individuals</li> </ul> <u>National Action Plan for Child Injury Prevention</u> <ul style="list-style-type: none"> <li>• Goal: Raise awareness about the problem of child injury and the effects on our nation.</li> </ul>
<b>Priority 4: Infant Mortality</b> - Improve access to prenatal care (Goal #1)	N/A	<input type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input checked="" type="checkbox"/> State Health Improvement Plan <input type="checkbox"/> CHD Strategic Plan <input checked="" type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan <input checked="" type="checkbox"/> National Public Health Action Plan for the Detection, Prevention, and Management of Infertility <input checked="" type="checkbox"/> National Quality Strategy	<u>SHIP</u> <ul style="list-style-type: none"> <li>• Priority 2: Maternal &amp; Child Health</li> </ul> <u>FDOH Agency Strategic Plan</u> <ul style="list-style-type: none"> <li>• Priority 2: Long, Healthy Life</li> </ul> <u>National Public Health Action Plan for the Detection, Prevention, and Management of Infertility</u> <ul style="list-style-type: none"> <li>• Goal: Eliminate disparities in access to high-quality infertility services, including diagnosis, referral, and treatment.</li> <li>• Goal: Prevalence of risk factors for various types of infertility.</li> </ul> <u>National Quality Strategy</u> <ul style="list-style-type: none"> <li>• Priority: Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models</li> </ul>
<b>Priority 4: Infant Mortality</b> -	<b>Local Administrative (Clinic):</b>	<input checked="" type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> State Health Improvement Plan	<u>DOH-Indian River Strategic Plan</u> <ul style="list-style-type: none"> <li>• Priority: Access to Public Health Services</li> </ul>

CHIP Priority & Goal	QI Project	Plan Alignment	Aligned Priority Area
Increase preconception health behaviors among reproductive age people (Goal #3)	Create Process for New Patient Portal to Meet Meaningful Use	<input checked="" type="checkbox"/> CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan <input checked="" type="checkbox"/> 6 18 Initiative: Accelerating Evidence into Action <input checked="" type="checkbox"/> National Action Plan for Child Injury Prevention <input checked="" type="checkbox"/> National Quality Strategy	<ul style="list-style-type: none"> <li>• Goal: Improve access to health care for uninsured and underinsured <u>6 18 Initiative</u></li> <li>• Goal: Prevent Unintended Pregnancy <u>National Action Plan for Child Injury Prevention</u></li> <li>• Goal: Raise awareness about the problem of child injury and the effects on our nation. <u>National Quality Strategy</u></li> <li>• Priority: Promoting effective communication and coordination of care.</li> </ul>
N/A	<b>Local Administrative:</b> Create Internal Policy Updates Process	<input type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	<u>DOH-Indian River Strategic Plan</u> <ul style="list-style-type: none"> <li>• Priority: Organizational Excellence: Effective, Efficient, Sustainable</li> <li>• Goal: Develop, sustain and improve a competent workforce</li> </ul>
N/A	<b>Programmatic: Public Health Preparedness</b> Create Gifford Emergency Preparedness Plan	<input type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	<u>DOH-Indian River Strategic Plan</u> <ul style="list-style-type: none"> <li>• Priority: Protect Health and Prevent Disease</li> <li>• Goal: A community prepared for all hazards</li> </ul>
N/A	<b>Employee Satisfaction:</b> Improve Employee Morale in Relation to Working at DOH-IR	<input type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> CHD Strategic Plan <input type="checkbox"/> Agency Strategic Plan <input checked="" type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	<u>DOH-Indian River Strategic Plan</u> <ul style="list-style-type: none"> <li>• Priority: Organizational Excellence: Effective, Efficient, Sustainable</li> <li>• Goal: Develop, sustain and improve a competent workforce <u>DOH-Indian River Workforce Development Plan</u></li> <li>• Recruit, retain and train public health current and future public health workforce</li> </ul>